¢n -r's --1 LN 2100000011 --O

RECEIVED SENATE RECEIVED RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

FEC FORM 1	STATEM ORGANI	ENT OF 58 PM 5:	01 5 OCT -8 PM 2: 07 Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Friends of Patri	ck Murphy		<u>.</u>
ADDRESS (number and	street) 4521 PGA Blvd. #412		
☐(Check if address is changed)		FL 33418 TATE ZIP CODE	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)			
(Check if address is changed)	Mandi@patrickmurphyforcongress.com; brian@pcmsllc.com		
COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) http://www.murphyforflorida.com			
2. DATE 10	/05/2015		
3. FEC IDENTIFICATION NUMBER C C00493825			
4. IS THIS STATEME	NT NEW(N) OR A	MENDED (A)	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of T	reasurer Brian Foucart	Date	20 15/15
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C 437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.			
Office Use Only	Federal I Toll-free	er information contact: Election Commission 800-424-9530 2-694-1100	FEC FORM 1 (Revised 02/2009)